



UC Davis Clinical Endocrinology Laboratory
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Progesterone/DHP Ratio Determination by Mass Spectrometry

☐ **Progesterone/DHP by Mass Spec (\$100.00)**

2 mL Serum

☐ **Repeat Panel by Mass Spec**

(No charge, subject to lab approval)

2 mL Serum

*Samples must be received by Tuesday for results on Friday.

Client Information (PLEASE print clearly)

Clinic/Hospital Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: Dr. _____ Phone: _____

Patient Information:

Owner: _____ Animal name: _____

Animal/Reference #: _____ Species: _____ ☐ Mini-equine

Age: _____ Date sample collected: _____ Last breeding date: _____

History: _____

Receive Results:

☐ Fax: _____ ☐ Email: _____

Payment Information

Signature: _____ Date: _____

☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____ - _____ - _____ Expiration Date: _____